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ABSTRACT

This paper reviews the literature on positive and negative aspects of diagnostic classification of children, or labeling. It reviews the Education for All Handicapped Children Act, which mandated that special education must be available to all children with disabilities. Definitional issues in diagnostic labeling of students with learning disabilities are presented. An examination of the advantages and disadvantages of labeling on the children themselves is followed by a discussion of the effects of labeling on teacher and peer perceptions of the labeled child. Methodological issues regarding studies of labeling effects and attempts to counter these methodological flaws are addressed. Confusion of behavior with labels is seen to be at the core of methodological problems. Experiments attempting to separate these two aspects are reviewed and the paper concludes that, although diagnostic labels may initiate expectancies, they hold little power when more salient information (i.e., behavior) is available. Diagnostic labels are seen as necessary for organization, communication, record-keeping, and statistical reporting. They are also seen as necessary to qualify the child for remedial and special educational services and help interest groups focus society's attention on problems. (Contains 29 references.) (DB)

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Diagnostic Classification of Children within the Educational System: Should it be Eliminated?

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Diagnostic Classification of Children within the Educational System: Should it be Eliminated?

The use of diagnostic classification, or labeling, in the educational system has remained a controversial topic for decades (Hallahan & Kauffman, 1994; Hobbs, 1975; Pfeiffer, 1980). Definitional issues, as well as the purpose of classifying children as intellectually handicapped, or learning disabled, are particularly important to this debate. First, this manuscript addresses the Education for All Handicapped Children Act (P.L. 94-142), which mandated that special education must be available to all handicapped children. Second, definitional issues in diagnostic labeling of learning disabled students are presented. An examination of the advantages and disadvantages of labeling children is followed by a discussion of the effects of labeling on teacher and peer perceptions of the labeled child. Finally, methodological issues regarding labeling effects studies and attempts to counter the methodological flaws are discussed, and conclusions drawn.

Classification serves administrative functions within the educational system, as outlined by the Education for All Handicapped Children Act of 1975 (P.L. 94-142), a compulsory special education law designed to protect the educational rights of physically and intellectually handicapped students. Ballard & Zettel (1977) described this law as having four goals: 1) to ensure that special education services are available to all children who need them; 2) to guarantee that appropriate and fair decisions are made about services for handicapped students; 3) to establish management requirements for special education; and 4) to provide federal funds to assist states in helping handicapped students.

In sum, this act mandated and provided funds to insure that handicapped school children receive appropriate assessment and educational opportunities. Categorical educational classification systems have been designed by state boards of education and used by local school districts for funding purposes, as funds have been tied to the number of handicapped children in the district (Gelfand, Jenson, & Drew, 1988). For this reason, state diagnostic categories

are patterned after those stipulated by the federal government. Although diagnostic categories include mental retardation, communication disorders, physical handicaps, and behavior disorders, this manuscript focuses on the labeling of intellectual handicaps, specifically, learning disabilities, for special or remedial education.

Definitional Issues

The definition of learning disability has undergone continual revision since its inception in 1969 by the Division for Children with Learning Disabilities of the Council for Exceptional Children (Harring & Bateman, 1969, as cited in Westman, 1990).

> A child with learning disabilities is one with adequate mental ability, sensory processes, and emotional stability who has specific deficits in perceptual, integrative, or expressive processes which severely impair learning effectively (Westman, 1990, p. 22).

In other words, a learning disabled child exhibits no intellectual, sensory or emotional disabilities, but has deficits that impair learning. This definition is rather cautious and vague, as the deficits are inadequately addressed and described. More recent definitions have been influenced by the regulations established in Public Law 94-142.

> A learning disability is a disorder in one or more of the basic psychological processes involved in understanding or using spoken or written language. A learning disability may be manifested in disorders of thinking, listening, talking, reading, writing, spelling, or arithmetic. It includes conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. It does not include learning problems which are due primarily to visual, hearing or motor handicaps, mental retardation emotional disturbance, or environmental disadvantage (U.S. Office of Education, 1979, p. 5).

Although other definitions of learning disability have been adapted by different organizations, this one remains predominant (Bryan & Bryan, 1986). It is more descriptive than that created in 1968; however, it is not particularly precise, as many different types of

problems fall under the umbrella term "learning disability." According to this definition, learning disabilities are manifested in academic areas of learning. Specifically, deficits or handicaps are demonstrated through particular academic subjects, not in the child's overall ability to learn. As the deficits in academic learning are not due to physical, sensory, or environmental handicaps, central nervous system dysfunction has been implicated as the source (Westman, 1990). Identification of learning disabilities does not require positive evidence of central nervous system damage, but is deduced by excluding known causes of learning problems such as emotional disturbance, environmental disadvantage and sensory deficits (Westman, 1990).

The imprecision of current definitions of learning disabilities is a major criticism; however it is often preferred by parents and teachers. A broad definition of learning disability allows an increased number of parents of children with diverse problems and difficulties to band together to increase the likelihood of obtaining public support, funds, and research/intervention, thus facilitating opportunities for remediation (Bryan & Bryan, 1986). The learning disabled concept provides teachers with an umbrella term by which special help may be given to academically needy children. Scientists and researchers, on the other hand, may be unsatisfied with definitional ambiguity, as the scientific method focuses on identifying and understanding within-group homogeneity and between-group heterogeneity (Bryan & Bryan, 1986).

Advantages and Disadvantages of Diagnostic Labeling

Many advocates of children and the handicapped have argued against diagnosis and classification as they represent a medical and disease orientation that does not explain the child's difficulties (Sattler, 1992). Diagnosis itself provides no information about the steps needed for remediation. In addition, it has been argued that classification may lead to preoccupation with assessment, and in finding the right label, rather than treating the problem (Sattler, 1992). Labels such as "learning disability" may act to stigmatize children, as they imply a general deficit in learning ability across all domains. The learning disability label

neglects to acknowledge that the child's difficulties are academic in nature and ignores the fact that learning in other areas may not be impeded. In other words, most diagnostic labels focus attention on the child's limitations, rather than his or her strengths. This may result in the failure to look beyond the label and view the child as an individual (Gelfand et al., 1988).

The assumption that a diagnostic label is the end goal is a narrow view of the purpose of diagnostic assessment. In reality, the use of a universal diagnostic classification system provides a method of organizing symptoms and etiologies of various handicaps and disorders (Gelfand et al., 1988; Sattler, 1992). By providing a common language, or form of communication among professionals, diagnoses assist in problem solving, record keeping and statistical reporting of the frequency and severity of handicaps. They allow practitioners to test predictions and make provisions for the labeled, which lead to the development of programs specific to the symptoms and sequelae of particular handicaps. Perhaps, most importantly, a diagnostic label is required in order to obtain services and funds for handicapped children; without the label, a child may not receive remedial educational services.

Labels are intended to reduce uncertainty and permit the beginning of treatment for the child (Gelfand et al., 1988); only after a child is diagnosed is he or she able to enter the special education system. Unsurprisingly, parents often feel more comfortable with a diagnostic label that implies organic, or physical, rather then emotional/motivational problems (Gaddes, 1980) because it solves the question of where to place the blame. An organic source to the child's difficulties means that the child, parents, and teachers are not to blame. Finally, a diagnosis provides a sense of closure for parents and relief that their child's problem is understood, thus allowing them to view their child in a more favorable light (Sattler, 1992).

The Effects of Labeling

The effects of diagnostic labels have been a source of much debate. Empirical studies have implied that the effects of labeling are deleterious (Rosenthal & Jacobson, 1968); however, more recent research indicates that the severity and impact of labeling effects on teacher and peer perceptions may vary (Bak & Siperstein; 1986; Bromfield, Weisz &

Messer, 1986; Fernald, Williams & Droescher, 1985; Freeman & Algozzine, 1980). The following sections examine the effects of diagnostic labeling on teacher and peer perceptions of the labeled child.

Teacher Expectations and Self-Fulfilling Prophecies

Diagnostic labels may convey powerful meanings that bias a teacher's understanding of a child (Pfeiffer, 1980). Gillung & Rucker (1977) studied the effects of labeling on teacher judgments of educational settings and programs. Labeled and unlabeled behavioral descriptions of children were given to teachers, who were asked to select the most appropriate educational setting for each case. Labeled children sharing identical descriptors as unlabeled tended to be placed in more restrictive educational settings, suggesting that the presence of a label may bias a teacher's perception and judgments about a child.

The use of classificatory labels in the educational system has the potential to promote self-fulfilling prophecies (Gelfand et al., 1988). Teachers and parents may expect a child to behave in accordance with his or her diagnosis, and unknowingly shape his or her behavior to conform to the stereotype (Gelfand et al., 1988). In *Pygmalion in the Classroom*, a famed study of expectancy effects, Rosenthal & Jacobson (1968) demonstrated that randomly selected students whose teachers had been led to believe that they would show academic gains, exhibited gains in IQ over the school year. The results of this study were extremely controversial and prompted many studies on interpersonal expectancy effects in teacher and student relations. Rosenthal & Rubin (1978) conducted a meta-analysis of this literature, and demonstrated that the combined probability of these studies was highly significant; expectancy effects influence children's academic performance.

Alternatively, although labels often initiate expectancies, it has been argued that they hold little power once the observer obtains direct information about a child's functioning (Sattler, 1992). Research indicates that children's classroom performance is more potent than their diagnostic label in influencing teachers expectancies (Brophy & Good, 1970; Dusek & O'Connell, 1973; Good & Brophy, 1972). For example, Fernald, Williams, and Droescher

(1985) found that labels have effects primarily when there is little other information available to form perceptions. As will be described, the child's actual behavior is more salient and has a stronger effect on teacher perceptions and judgments than his or her diagnostic label (Fernald, Williams & Droescher, 1985; Freeman & Algozzine, 1980).

Peer Perceptions

Children with learning and behavior problems often have difficulties in peer relations (Milich, McAninch & Harris, 1992), and are likely to experience peer rejection (Bryan, 1976; 1977). Landau & Milich (1990) found that few classmates are willing to indicate that they like labeled children, and many indicate that they actively dislike them. However, it is important to recognize that negative reactions such as these may not be due solely to the label (Milich et al., 1992).

Sutherland, Algozzine, Ysseldyke, & Freeman, (1983) examined the question of whether learning disabled children are rejected by peers because of their label or their behavior. Fourth grade children viewed a videotape of a child engaging in assessment tasks, then were given a description of the child. Participants were told either that the child was normal, normal with special qualities, learning disabled, or learning disabled with special qualities. The special qualities referred to ability in sports and a sense of humor. After hearing the description about the child, participants watched a videotape of the child engaging in free play. Participants rated the child in terms of likability similarly before receiving the description and after receiving a positive description, but more negatively after receiving neutral information, and after viewing the free play situation. There was no effect of the presence of the label; however there was a significant effect of the description (positive or neutral). Sutherland and colleagues (1983) suggest that teachers should consider the manner in which they represent labeled children to their peers; there are beneficial effects of emphasizing positive qualities in labeled children.

It has been suggested that there are protective, beneficial effects of diagnostic labels. They have been shown to have beneficial consequences such as increasing altruistic behavior

and tolerance on the part of others (Fernald & Gettys, 1980). Bak & Siperstein (1986) studied whether the protective effect of the label could ameliorate the negative effects elicited by withdrawn and aggressive social behavior characteristic of children classified as "mentally retarded". The label "mentally retarded" had protective effect when the target child was withdrawn, and a weak positive effect if the child was aggressive.

Bromfield, Weisz & Messer (1986) suggested that not all people are equally susceptible to labeling effects; the developmental level of the individual may affect perception. The effects of labeling may be mediated by the attribution of specific traits to labeled individuals and the logical expectancy judgments that follow, cognitive processes that may not be in place until late childhood. In this study (Bromfield et al., 1986), young and older children watched a videotape of a child failing at a task. The video was designed to suggest that the child's failure is due to lack of effort, lack of ability, and a difficult task. One half of the participants were told that the stimulus child in the videotape was mentally retarded. For young participants, the presence of the label did not affect attributions, expectations and urgings of persistence on behalf of the stimulus child; they attributed the failure to low effort. The presence of the label was associated with more benevolent effects among older children, who tended to view low effort as a less important cause of failure in the labeled child, and saw less of a need to urge persistence. Bromfield and colleagues (1986) argue that labeling effects are mediated by cognitive processes such as the development of logical linkages between expectancies and attributions, which are dependent upon the child's developmental level. The older children's response appears to condone helplessness behavior, which suggests that in order to understand the causes of helplessness behavior in children diagnosed as mentally retarded, research should focus on role of adults and peers.

Methodological Limitations of the Labeling Effects Studies

As many of the studies on the effects of labeling contain methodological flaws, their conclusions should be regarded with caution. Frequently, the deviant behavior that leads to a label is confounded with the label itself (Fernald, Williams, & Droescher, 1985). Many of the

studies do not experimentally manipulate the label; ergo, it is impossible to separate the effects of the label from those of the stimulus child's behavior (Milich et al, 1992). Generally, laboratory studies have investigated the effects of labeling normal, nondeviant behavior. This actually measures the effects of mislabeling normal behavior, and not labeling problem behavior (Fernald et al, 1985). Studies such as these provide information regarding the stereotypes associated with a particular label, but not how people react to individuals with the disorder. Finally, most studies utilize hypothetical vignettes and self reports to measure peer reactions (Milich et al, 1992). It is unclear how children will respond in real-life situations.

The Flaw: Confounding the Behavior with the Label

Milich, Harris, and colleagues addressed the aforementioned methodological limitations in a variety of studies, providing an excellent example of how the competent researcher identifies hypotheses and counters methodological problems in a systematic fashion. Harris, Milich, Johnston, & Hoover (1990) examined whether learning stigmatizing information about an unfamiliar peer would influence interactions with that peer. Participants consisted of 40 pairs of boys, who were unfamiliar with one another, ranged in age from 8 to 12, and were not known to be hyperactive. From each dyad, one boy was designated as the perceiver and one, the target. In one-half of the dyads, the perceiver was told that the target was in a special class for his behavior problems and was given a description of behavior associated with Attention Deficit Hyperactivity Disorder (ADHD). In the other, "normal" dyads, the perceiver was only told the target's name and grade. The boys interacted in a videotaped task, and answered questions about their own and their partner's performance.

Targets whose perceivers believed that they were diagnosed with ADHD thought the task was difficult and made fewer ability attributions for their performance. Harris et al (1990) assert that these are examples of expectancy effects whereby the targets respond to differences in the perceiver's behavior. The perceivers who received the ADHD expectancy were judged to be less friendly, less talkative, and less involved in the interaction. In the ADHD dyads, the correlations between partners for behaviors such as talking were low,

indicating less reciprocity than those for the normal dyads, whose behavior were significantly and positively correlated. This illustrates that stigmatizing information can negatively affect peer relations in children, setting up negative self-fulfilling expectancies.

Rather than utilizing vignettes or videotaped stimuli, this study examined children in a real-life situation, an excellent idea. However, the study is methodologically weak, as the target's behavior is confounded with his label. The focus of study is actually the effects of mislabeling normal behavior. The following study addresses this limitation.

Countering the flaw

In order to address the behavior-label confound, Harris, Milich, Corbitt, Hoover, and Brady (1992) employed a balanced placebo design whereby the perceivers' expectancies were crossed with the target's actual diagnostic status. Pairs of unfamiliar boys from grades 3 through 6 participated. Perceivers were always boys who had not been diagnosed with ADHD, while targets were either ADHD diagnosed, or non-diagnosed. The perceivers were randomly assigned to either the normal or ADHD expectancy condition. In other words, four groups were composed: perceiver told that "normal" partner had ADHD; perceiver not given stigmatizing information about his "normal" partner; perceiver told that his ADHD partner had ADHD; and perceiver not given stigmatizing information about his ADHD partner.

Both the expectancy that the target had ADHD and the actual diagnosis of the target affected the interactions in an adverse and independent fashion. The falsely labeled targets reported liking the interaction less than the normal targets. The ADHD targets in the normal dyads judged the perceivers to be meaner than the normal targets judged theirs. Overall, the results indicated that establishing ADHD expectancies in the perceiver adversely affected the interaction such that the perceivers were less friendly and less talkative; targets enjoyed the task less and rated their performance as lower. This study replicated the earlier findings of Harris et al (1990), leading to the following study.

McAninch, Manolis, Milich, & Harris (1992) developed a study to learn more about how expectancies affect the manner in which children process social information. Boys and

girls watched a videotape of a boy or girl talking about him or her self, reflecting shy, outgoing and neutral information. One half of the children was told that the child was shy, and the other half was told that he or she was outgoing. After given the expectancy, but prior to seeing the videotape, the shy condition rated the stimulus child as less friendly, and liked him or her less than the outgoing group. After seeing the videotape, the differences in the friendly ratings disappeared, but the shy group still indicated that they like the child less than the outgoing group. Viewing the actual behavior of the stimulus child counteracted the initial expectancies of his or her friendliness, but did not change how the shy condition felt about him or her. This suggests that initial expectancies may influence the social processing of information by children how social information is processed by children.

Disentangling the effects of labels and behavior

The methodological limitations of labeling studies have also been addressed by Fernald, Williams, and Droescher (1985), who attempted to separate the effects of labels, deviant behavior, and nondeviant behavior. The following study consisted of three separate experiments. In the first experiment, viewing the child (film verses no film) and labeling (presence verses absence) were crossed with behavior conditions of the labeled child (normal, mentally retarded, emotional disturbed). Three videotapes were created by editing educational films of a normal, mentally retarded and emotionally disturbed child. Questionnaires assessed undergraduates' perceptions of the stimulus child, yielding several measures of acceptance, and expectations about the stimulus child's future. The no-film condition was more accepting and had higher future expectations of the normal label than the mentally retarded or emotionally disturbed labels. The film-plus label group did not differ from the film-no label group, indicating that there was no effect of labeling when the behavior was viewed. The results of this experiment indicated that 1) when only the label was available, participants reacted less favorably to the diagnostic labels than to "normal" labels; and 2) there was no effect of labels in the presence of behavior.

The second experiment utilized only the emotionally disturbed videotape, and re-

labeled it as "minimal brain dysfunction". As in the first experiment, labeling and viewing the film were crossed (three groups: film plus label; film, no label; and label, no film). Undergraduates did not differ in their ratings of the film plus label group and the film, no label group. This suggests that labeling deviant behavior does not change perceiver impressions; replicating the finding that there is no effect of labeling when behavior is observed.

The third experiment crossed labeling with desirable verses undesirable behavior in an attempt to demonstrate that labeling might have a positive effect on the perception of undesirable behavior and a negative effect on the perception of desirable behavior. The researchers used two videotapes: one showing undesirable behavior (the video used in Experiment 2), and a second showing the same child demonstrating socially desirable behavior (helping parents, and playing with friends). By crossing labeling with desirability of behavior, four groups were created: label and desirable behavior; no label and desirable behavior; label and undesirable behavior; no label and undesirable behavior. The researchers predicted an interaction such that with undesirable behavior, the child would be rated more favorably when labeled; with desirable behavior, the child would be rated more favorably when not labeled. The predicted trends emerged; however, the effects were nonsignificant. This indicates that the presence of a label had no effect on the participants' perception of videotaped children. The three experiments lead the researchers to conclude that labels have effects primarily when there is little other information available to form perceptions.

Conclusion

In all, labeling has been accused of initiating negative expectancies, less positive interaction with teachers, more teacher criticism, reduced levels of interest by parents, negative stereotyping by teachers and learned helplessness by students (Gelfand et al., 1988; Gillung & Rucker, 1977; Rosenthal & Jacobson, 1968; Rosenthal & Rubin, 1978). Although diagnostic labels may initiate expectancies, they hold little power when more salient information (i.e., behavior) is available (Brophy & Good, 1970; Dusek & O'Connell, 1973; Fernald, Williams & Droescher, 1985; Freeman & Algozzine, 1980; Good & Brophy, 1972;

Sutherland, Algozzine, Ysseldyke, & Freeman, 1983). Moreover, diagnostic labels are necessary as a method of organization, communication, record keeping, and statistical reporting of the frequency and severity of handicaps, which all assist in the development of programs and interventions to address the symptoms and sequelae of such handicaps (Gelfand et al., 1988; Sattler, 1992). A diagnostic label permits the child's treatment to commence; only diagnosed children may enter the special education system. In other words, diagnostic labels are needed in order to obtain remedial and special educational services. Finally, the presence of diagnostic labels such as learning disability assists interest groups such as parents to press for solutions and focus society's attention on problems; they increase attention and promote the investigation of solutions to children's learning difficulties.

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